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AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

FILL OUT ALL BLANKS.

PLACE OF DEATH

County Cochise
District Turquoise
Town
Or City Courtland

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 123

ORIGINAL CERTIFICATE OF DEATH

County Registered No.
Local Registrar's No.

No. (If death occurred in a Hospital or Institution, give its NAME instead of street and number.) St.

FULL NAME Joseph Robert Teague

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White ~~Black~~ ~~Chinese~~ ~~Mexican~~ SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~DIVORCED~~

DATE OF BIRTH Sept 10th, 1916 191 (Month) (Day) (Year)

AGE 2 yrs 2 mos 3 days If less than 1 day hrs., or min.

OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Dos Cabezas, Ariz

NAME OF FATHER Frank Teague

BIRTHPLACE OF FATHER (State or country) Kingston, N.Y.

MAIDEN NAME OF MOTHER Luce Vindeola

BIRTHPLACE OF MOTHER (State or country) Dos Cabezas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Teague

(Address) Courtland, Arizona

PLACE OF BURIAL OR REMOVAL Courtland DATE OF BURIAL OR REMOVAL Nov 14th 1918

UNDERTAKER None ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13th, 1918 191 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 191 to 191; that I last saw h. alive on 191, and that death occurred on the date stated above at 5 A.M. The DISEASE or INJURY causing death was as follows:

Epidemic Influenza?
No medical attendance
(Duration) yrs. mos. 9 days

Was disease contracted in Arizona? Yes
If not, where?

CONTRIBUTORY Pneumonia
(Duration) yrs. mos. 5? days

(Signed) R. J. Stroud gleeson
Nov 30 1918 (Address)

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

LENGTH OF RESIDENCE At place of death 1 yrs. 2 mos. 2 ds. In Arizona 2 yrs. 2 mos. 2 ds.

Former or Usual Residence Dos Cabezas

Filed Nov 30 1918 R. J. Stroud Local Registrar

Filed Dec 15 1918 C. H. Grant County Registrar